

REMARKS

Claims 1-57 were pending and rejected. Claims 1, 2, 5, 6, 9, 13, 16, 20, 25, 27-29, 31-34, 38, 40, 44-47, and 50 are being amended. Claims 3, 4, 7, 8, 10-12, 14, 15, 17-19, 21-24, 26, 35-37, 39 and 51-57 have been canceled. Claims 58-60 have been added. Claims 1, 2, 5, 6, 9, 13, 16, 20, 25, 27-34, 38, 40-50, and 58-60 are now pending. Reconsideration is respectfully requested.

In sections 2 and 3, the Examiner rejected claims 6 and 7 under 35 USC § 112 as indefinite. Claim 7 is being canceled. Claim 6 is being amended to depend from claim 5. Applicant respectfully submits that claim 6 is now definite and respectfully requests the rejection of claims 6 and 7 under § 112 be withdrawn.

In sections 4 and 5, the Examiner rejected claims 25, 27-29 and 33-35 under 35 USC § 102 as anticipated by Sato. Sato describes a wide-area medical information system that includes doctor terminals, patient terminals and a management server. The system enables online examination and treatment. As noted by the Examiner (see Section 7), Sato does not describe the delivering of patient care comprising linking of patients to physicians. Claim 25, as amended, recites “providing diagnostic testing equipment local to the patient and associated with the virtual clinic; and enabling by the virtual clinic electronic real-time electronic communication between the patient and the medical professional to transmit the information regarding the patient’s condition, results from the diagnostic equipment, and recommended treatment.” Accordingly, applicant respectfully submits that claim 25 as amended is new over Sato, and respectfully requests the rejection of claim 25 and claims 27-29 and 33-35 which depend therefrom be withdrawn.

In sections 6 and 7, the Examiner rejected claims 1-24, 26, 30-32, 36-39, 41, 44 and 49 under 35 USC § 103 as obvious over Sato in view of Joao. Joao teaches a system for providing healthcare information to patients, medical professionals, insurance carriers, etc. Joao does not describe an online examination and treatment center. Accordingly, one skilled in the art would not be motivated to combine Joao with Sato. Regardless, neither Sato nor Joao teaches “the

virtual clinic being associated with a diagnostic center local to the patient, the diagnostic center having diagnostic testing equipment,” as recited in amended claim 1. Neither Sato nor Joao teaches “the virtual clinic having a working relationship with an insurance carrier, the insurance carrier having a patient to which the insurance carrier provides benefits,” and/or “the virtual clinic being associated with a diagnostic center local to the patient, the diagnostic center having diagnostic testing equipment,” as recited in amended claim 5. Neither Sato nor Joao teaches “a diagnostic center being local to the patient and having diagnostic testing equipment” and/or “a virtual clinic being configured … to enable real-time electronic communication of the information and the responses between the medical professional and the patient, the virtual clinic associated with the diagnostic center,” as recited in amended claim 9. Neither Sato nor Joao teaches “a diagnostic center being local to the patient and having diagnostic testing equipment” and/or “an insurance carrier being configured to receive the request for medical services from the patient and to forward the request to a virtual clinic, the virtual clinic being configured to receive the information and the responses from the network, the virtual clinic being configured to select one of the at least one medical professional based upon the information provided by the patient, the virtual clinic being configured to enable real-time electronic communication of the information and the responses between the medical professional and the patient, the virtual clinic being associated with the diagnostic center,” as recited in amended claim 16. Neither Sato nor Joao teaches “providing diagnostic testing equipment local to the patient and associated with the virtual clinic” and/or “enabling by the virtual clinic electronic real-time electronic communication between the patient and the medical professional to transmit the information regarding the patient’s condition, results from the diagnostic equipment, and recommended treatment,” as recited in amended claim 25, from which rejected claims depend. Neither Sato nor Joao teaches “the virtual clinic enabling the patient to access a diagnostic center being local to the patient and associated with the virtual clinic, the diagnostic center having diagnostic testing equipment,” as recited in amended claim 40, from which rejected claims depend. Applicant respectfully submits that all other rejected claims still pending depend from these claims and thus are allowable for at least the same reasons. Applicant respectfully request the rejection be withdrawn.

In section 8, the Examiner rejected claim 50 under 35 USC § 103 as obvious over Sato in view of SoRelle. SoRelle describes a doctor referral fee. However, SoRelle does not describe “the virtual clinic enabling the patient to access a diagnostic center being local to the patient and associated with the virtual clinic, the diagnostic center having diagnostic testing equipment,” as recited in amended claim 40, from which claim 50 depends. Accordingly, Applicant respectfully requests the rejection of claim 50 be withdrawn for at least this reason.

In section 9, the Examiner rejected claims 51-57 under 35 USC § 103 as obvious over Sato, in view of Joao, and further in view of Linberg. Claims 51-57 are being canceled. The rejection is now moot.

Claims 58-60 are being added. Support can be found in the specification as follows:

58. (New) A virtual clinic, comprising:

a web page for enabling a patient to request consultation with a medical professional and to provide medical condition information; [SEE, E.G., PAGES 5, 6, 10, 11, 14 AND 25]

a medical professional database for storing contact information and qualifications for a set of medical professionals; [SEE E.G., PAGES 10, 12 AND 16]

a medical professional selection component for selecting one of the medical professionals in the medical professional database based on the predetermined criteria; [SEE, E.G., PAGES 5, 10-14, 16, 19]

a communication component for enabling real-time electronic communication between the selected medical professional and the patient; and [SEE, E.G., PAGES 5, 10, 14, 22]

a diagnostic test equipment communication component for communicating with diagnostic test equipment to obtain diagnostic test results of a patient. [SEE, E.G., PAGES 2, 5, 6, 9, 14-19, 21 AND 26]

59. (New) The virtual clinic of claim 58, wherein the predetermined criteria involves one of the qualifications of the medical professional [SEE, E.G., PAGES 10, 12 AND 16], the patient's medical condition information [SEE, E.G., PAGES 5, 9, 10 AND 14], the time of the request

[SEE, E.G.; PAGES 10, 14 AND 26], scheduling information [SEE, E.G., PAGES 10, 14 AND 26], location of the patient [SEE, E.G., PAGES 5, 10 AND 42], patient request [SEE, E.G., PAGES 11 AND 12], patient preferences [SEE, E.G., PAGE 12], availability of a patient's standard physician [SEE, E.G., PAGES 5 AND 14], insurance information [SEE, E.G., PAGES 5, 9-11 AND 13], employer information [SEE, E.G. PAGES 9-11 AND 13], and a prior medical professional assisting the patient [SEE, E.G., PAGE 19].

60. (New) The virtual clinic of claim 58, further comprising a patient records accessing component for communicating with a patient records database to provide patients records information to the medical professional. [SEE, E.G., PAGES 7, 27 AND 28]

If the Examiner has any questions or needs any additional information, the Examiner is invited to contact the undersigned.

Respectfully submitted,

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